BADGER PRAIRIE HEALTH CARE CENTER

1100	EAST	VERONA	AVENUE

VERONA 535	93 Phone: (608) 845-6601		Ownership:	County
Operated from 1/1 T	o 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction	n with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up	and Staffed (12/31/03):	125	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Ca	pacity (12/31/03):	130	Title 19 (Medicaid) Certified?	Yes
Number of Residents o	n 12/31/03:	108	Average Daily Census:	110

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (	12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups 			16.7 32.4
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	36.1	More Than 4 Years	42.6
Day Services Respite Care	No No	Mental Illness (Org./Psy)   Mental Illness (Other)		65 - 74   75 - 84	15.7 26.9	•	91.7
Adult Day Care	No	Alcohol & Other Drug Abuse		85 - 94	18.5	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic		95 & Over		Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res:	idents
Home Delivered Meals	No	Fractures				(12/31/03)	
Other Meals	No	Cardiovascular		65 & Over			
Transportation	No	Cerebrovascular	0.9			RNs	15.5
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	9.7
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	10.2	Male	42.6	Aides, & Orderlies	90.7
Mentally Ill	Yes			Female	57.4		
Provide Day Programming for			100.0				
Developmentally Disabled	Yes	1			100.0		
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## Method of Reimbursement

		Medicare			Medicaid			Other			Private Pay	:		amily Care			anaged Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	96	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	2	100.0	329	99	98.0	125	0	0.0	0	4	80.0	235	0	0.0	0	0	0.0	0	105	97.2
Intermediate				1	1.0	103	0	0.0	0	1	20.0	210	0	0.0	0	0	0.0	0	2	1.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	1.0	188	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		101	100.0		0	0.0		5	100.0		0	0.0		0	0.0		108	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	or Kesidents.	Condit	lons, Services, an	d Activities as of 12/	31/03
beachs builing Reporting Terrod					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	2.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.8	Bathing	3.7		65.7	30.6	108
Other Nursing Homes	14.3	Dressing	15.7		56.5	27.8	108
Acute Care Hospitals	50.0	Transferring	36.1		26.9	37.0	108
Psych. HospMR/DD Facilities	16.7	Toilet Use	30.6		26.9	42.6	108
Rehabilitation Hospitals	2.4	Eating	37.0		43.5	19.4	108
Other Locations	9.5	******	******	*****	*****	******	*****
Total Number of Admissions	42	Continence		용	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	3.7	Receiving Resp	iratory Care	10.2
Private Home/No Home Health	2.2	Occ/Freq. Incontinen	nt of Bladder	62.0	Receiving Trac	heostomy Care	0.9
Private Home/With Home Health	13.3	Occ/Freq. Incontinen	nt of Bowel	49.1	Receiving Suct	ioning	1.9
Other Nursing Homes	0.0				Receiving Osto	my Care	0.9
Acute Care Hospitals	20.0	Mobility			Receiving Tube	Feeding	2.8
Psych. HospMR/DD Facilities	11.1	Physically Restraine	ed	13.9	Receiving Mech	anically Altered Diets	45.4
Rehabilitation Hospitals	0.0						
Other Locations	22.2	Skin Care			Other Resident C	haracteristics	
Deaths	31.1	With Pressure Sores		5.6	Have Advance D	irectives	67.6
Total Number of Discharges	i	With Rashes		19.4	Medications		
(Including Deaths)	45				Receiving Psyc	hoactive Drugs	88.9

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:			
	This	Gove	ernment	100	-199	Ski	lled	Al	1	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities	
	8	્ર	Ratio	8	Ratio	%	Ratio	%	Ratio	
Occupant Policy Program Politic Green (7 through Politic	0.4. 2	07.0	0.06	07.6	0.06	0.0 1	0.06	07.4	0.06	
Occupancy Rate: Average Daily Census/Licensed Beds	84.3	87.8	0.96	87.6	0.96	88.1	0.96	87.4	0.96	
Current Residents from In-County	95.4	86.6	1.10	83.0	1.15	82.1	1.16	76.7	1.24	
Admissions from In-County, Still Residing	59.5	34.3	1.74	19.7	3.03	20.1	2.96	19.6	3.03	
Admissions/Average Daily Census	38.2	71.2	0.54	167.5	0.23	155.7	0.25	141.3	0.27	
Discharges/Average Daily Census	40.9	73.5	0.56	166.1	0.25	155.1	0.26	142.5	0.29	
Discharges To Private Residence/Average Daily Census	6.4	24.3	0.26	72.1	0.09	68.7	0.09	61.6	0.10	
Residents Receiving Skilled Care	97.2	89.5	1.09	94.9	1.02	94.0	1.03	88.1	1.10	
Residents Aged 65 and Older	63.9	84.0	0.76	91.4	0.70	92.0	0.69	87.8	0.73	
Title 19 (Medicaid) Funded Residents	93.5	74.5	1.25	62.7	1.49	61.7	1.52	65.9	1.42	
Private Pay Funded Residents	4.6	17.8	0.26	21.5	0.22	23.7	0.20	21.0	0.22	
Developmentally Disabled Residents	1.9	2.8	0.67	0.8	2.42	1.1	1.67	6.5	0.29	
Mentally Ill Residents	84.3	55.2	1.53	36.1	2.34	35.8	2.35	33.6	2.51	
General Medical Service Residents	10.2	17.5	0.58	22.8	0.45	23.1	0.44	20.6	0.50	
Impaired ADL (Mean)	53.9	49.3	1.09	50.0	1.08	49.5	1.09	49.4	1.09	
Psychological Problems	88.9	68.8	1.29	56.8	1.57	58.2	1.53	57.4	1.55	
Nursing Care Required (Mean)	10.9	7.4	1.48	7.1	1.54	6.9	1.57	7.3	1.48	